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| TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC  |        | FROM:<br>ROUTING CODE:<br>ADDRESS:<br><br><br><br><br><br><br>PHONE NUMBER:  |  |
| THRU (Liaison Officer):   |        |  |  |
| BILLET TITLE:                      BILLET #:                      _____   |        |  |  |
| RANK REQUESTED: (0-2, 0-3, 0-4, etc.)                      _____  |        | (This block to be completed by liaison officer)<br>IS THIS A NEW BILLET:                      YES                      NO<br>BILLET PRIORITY:                      A,                      B,                      C,                      R |  |
| GS/GM EQUIVALENT:                      _____  |        |  |  |
| IMMEDIATE SUPERVISOR:   | TITLE: | PHONE NUMBER:  |  |
| EDUCATIONAL REQUIREMENTS:   |        |  |  |
| OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)   |        |  |  |
| 1. GENERAL DESCRIPTION OF BILLET:   |        |  |  |
| 2. DUTIES AND RESPONSIBILITIES:<br>a. Is this a supervisory billet?                      YES                      NO<br>b. If so, state number and grade of personnel supervised.    Number:                      Grade(s): |        |  |  |

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: